



94TH GENERAL ASSEMBLY

State of Illinois

2005 and 2006

SB1983

Introduced 2/25/2005, by Sen. Dale A. Righter - Frank C. Watson

SYNOPSIS AS INTRODUCED:

405 ILCS 5/1-104.5 new

405 ILCS 5/1-119

405 ILCS 5/3-811.5 new

from Ch. 91 1/2, par. 1-119

Amends the Mental Health and Developmental Disabilities Code. Adds persons included within the definition of "person subject to involuntary admission", including: (1) a person with mental illness who, because of the nature of his or her illness, is unable to understand his or her need for treatment and who, if not treated, is at risk of suffering or continuing to suffer mental deterioration or emotional deterioration, or both, to the point that the person is at risk of engaging in dangerous conduct; and (2) a person who has been adjudged to be subject to authorized involuntary treatment and with respect to whom (A) outpatient treatment has been shown to be ineffective because the person is unable or unwilling to comply with his or her treatment plan and (B) inpatient admission is likely to be effective in implementing the person's treatment plan and is otherwise in the person's best interests. Provides that at any time before the conclusion of a hearing on involuntary admission and the entry of the court's findings, a respondent may enter into an agreement to be subject to an order for alternative treatment or care and custody, if certain conditions are met. Provides that an agreed order for care and custody may grant the custodian the authority to admit a respondent to a hospital if the respondent fails to comply with the conditions of the agreed order. Provides that an agreed order for alternative treatment or care and custody does not constitute a finding that the respondent is a person subject to involuntary admission. Provides that a respondent may not be cited for contempt for violating the terms and conditions of his or her agreed order for care and custody. Makes other changes.

LRB094 10572 DRJ 40869 b

FISCAL NOTE ACT
MAY APPLY

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Mental Health and Developmental
5 Disabilities Code is amended by changing Section 1-119 and by
6 adding Sections 1-104.5 and 3-811.5 as follows:

7 (405 ILCS 5/1-104.5 new)

8 Sec. 1-104.5. "Dangerous conduct" means acts or omissions
9 that place the individual or others in risk of harm. The term
10 includes threatening behavior or conduct that places another
11 individual in reasonable expectation of being harmed, or a
12 person's inability to provide, without the assistance of family
13 or outside help, for his or her basic physical needs so as to
14 guard himself or herself from serious harm.

15 (405 ILCS 5/1-119) (from Ch. 91 1/2, par. 1-119)

16 Sec. 1-119. "Person subject to involuntary admission"
17 means:

18 (1) A person with mental illness and who because of his
19 or her illness is reasonably expected to engage in
20 dangerous conduct ~~inflict serious physical harm upon~~
21 ~~himself or herself or another in the near future~~ which may
22 include threatening behavior or conduct that places that
23 person or another individual in reasonable expectation of
24 being harmed; ~~or~~

25 (2) A person with mental illness and who because of his
26 or her illness is unable to provide for his or her basic
27 physical needs so as to guard himself or herself from
28 serious harm without the assistance of family or outside
29 help; ~~or~~

30 (3) A person with mental illness who, because of the
31 nature of his or her illness, is unable to understand his

1 or her need for treatment and who, if not treated, is at
2 risk of suffering or continuing to suffer mental
3 deterioration or emotional deterioration, or both, to the
4 point that the person is at risk of engaging in dangerous
5 conduct; or

6 (4) A person who has been adjudged to be subject to
7 authorized involuntary treatment under Section 2-107.1 and
8 with respect to whom: (i) outpatient treatment has been
9 shown to be ineffective because the person is unable or
10 unwilling to comply with his or her treatment plan; and
11 (ii) inpatient admission is likely to be effective in
12 implementing the person's treatment plan and is otherwise
13 in the person's best interests.

14 In determining whether a person meets the criteria
15 specified in paragraph (1) or (2), the court may consider
16 evidence of the person's repeated past pattern of specific
17 behavior and actions related to the person's illness.

18 (Source: P.A. 93-573, eff. 8-21-03.)

19 (405 ILCS 5/3-811.5 new)

20 Sec. 3-811.5. Agreed order for alternative treatment or
21 care and custody.

22 (a) At any time before the conclusion of the hearing and
23 the entry of the court's findings, a respondent may enter into
24 an agreement to be subject to an order for alternative
25 treatment or care and custody as provided in Sections 3-811,
26 3-812, 3-813, and 3-815, provided that:

27 (1) The court and the parties have been presented with
28 a written report under Section 3-810 containing a
29 recommendation for alternative treatment or care and
30 custody and setting forth in detail the conditions for such
31 an order, and the court is satisfied that the proposal for
32 alternative treatment or care and custody is in the best
33 interest of the respondent and of the public.

34 (2) The court advises the respondent of the conditions
35 of the proposed order in open court and is satisfied that

1 the respondent understands and agrees to the conditions of
2 the proposed order for alternative treatment or care and
3 custody.

4 (3) The proposed custodian is advised of the
5 recommendation for care and custody and agrees to abide by
6 the terms of the proposed order.

7 (4) No such order may require the respondent to be
8 hospitalized except as provided in subsection (b) of this
9 Section.

10 (5) No order may include as one of its conditions the
11 administration of psychotropic medication, unless the
12 court determines, based on the documented history of the
13 respondent's treatment or illness manifestations, that the
14 respondent is unlikely to continue to receive needed
15 psychotropic medication in the absence of such an order.

16 (b) An agreed order for care and custody entered under this
17 Section may grant the custodian the authority to admit a
18 respondent to a hospital if the respondent fails to comply with
19 the conditions of the agreed order. If necessary in order to
20 obtain the hospitalization of the respondent, the custodian may
21 apply to the court for an order authorizing a peace officer to
22 take the respondent into custody and transport the respondent
23 to the hospital specified in the agreed order. The provisions
24 of Section 3-605 shall govern the transportation of the
25 respondent to a mental health facility, except to the extent
26 that those provisions are inconsistent with this Section. A
27 person admitted to a hospital pursuant to powers granted under
28 an agreed order for care and custody shall be treated as a
29 voluntary recipient pursuant to Article IV of this Chapter and
30 shall be advised immediately of his or her right to request a
31 discharge under Section 3-403.

32 (c) If the court has appointed counsel for the respondent
33 under Section 3-805, that appointment shall continue for the
34 duration of any order entered under this Section, and the
35 respondent shall be represented by counsel in any proceeding
36 held under this Section.

1 (d) An order entered under this Section does not constitute
2 a finding that the respondent is subject to involuntary
3 admission.

4 (e) Nothing in this Section shall be deemed to create an
5 agency relationship between the respondent and any custodian
6 appointed under this Section.

7 (f) Notwithstanding any other provision of Illinois law to
8 the contrary, a respondent may not be cited for contempt for
9 violating the terms and conditions of his or her agreed order
10 of care and custody.